

PCP Request for Member Reassignment via the CenCal Health Website

On occasion, a Primary Care Physician (PCP) may encounter a situation that warrants a request to have a patient reassigned to a new PCP. CenCal Health has established a mechanism to address these issues. Outlined below is the procedure that should be followed when submitting a request.

1. Make Sure You Have an Appropriate Reason to Request Reassignment

APPROPRIATE Reasons to Request Reassignment of a Patient:

- **Contractual:** Pediatric PCPs may request reassignment of a member who is beyond their scope of services (e.g., members who are beyond their contracted age limit or who become pregnant). Note: if maximum age limit is 16, the member cannot be removed from case management until the 17th birthday is reached.
 - **Non-Contractual:** These reasons (listed below) often involve lack of cooperation on the part of the member, although in some instances the goal is to create the most beneficial relationship between member and provider. It is important that you supply sufficient information in the "Provider Remarks" section to enable us to determine if the request meets the criteria. Requests based on single or minor infractions will be denied. We also ask that you describe how you have attempted to correct the problem; **requesting member reassignment should be the last resort!**
- √ *Inappropriate Assignment by CenCal Health-* i.e. the member has re-linked to a provider who previously requested his reassignment; siblings assigned to different providers.
 - √ *Member Drug Seeking-* specify how the behavior is manipulative in attempting to obtain substantially more medication than is warranted.
 - √ *Member Circumventing Case Management/Demanding Referrals/Self Directing Care-* give examples that demonstrate a pattern.
 - √ *Member Abusing ER Services-* to ensure fairness for the PCP incentive measure regarding ER use, will be approved for extraordinary cases of deliberate circumvention of case management only and will require extensive documentation.
 - √ *Language/Cultural Barriers-* alerts CenCal Health that assignment to another provider (i.e. Spanish-speaking) may be more beneficial for the member; the member is offered the choice of choosing a provider more familiar with his language/cultural needs.
 - √ *Member "No Shows"-* list dates member no-showed for appointments without calling to cancel despite reminder calls/ appointment verification (usually at least 3 occasions in the past year to establish a pattern).
 - √ *Member Non-Compliant with Treatment-* when there are potentially serious consequences due to non-compliance, or disregard for medical advice on the member's part.
 - √ *Member Abusive/Threatening/Disruptive-* the member may just be disruptive, i.e. calling 20 times in one day for a non-urgent matter, or it may be more serious. Be specific with incidents/quotations. If the member poses an immediate threat to self or others, call the police!
 - √ *Unable to Establish Interpersonal Relationship-* describe how personality conflict significantly affects care.
 - √ *Member Lying/Theft-* if the theft is of a serious nature (i.e. blank prescriptions) or there is an attempt of fraud, the police or other appropriate authorities should be notified.

INAPPROPRIATE Reasons to Request Reassignment of a Patient:

1. PCPs cannot request reassignment of patients simply because they are very sick and have a diagnosed condition that would be difficult to manage. It is vital that these patients have a "medical home" with a PCP to coordinate their care. To allow such shifting of patients is neither good medicine nor is it in the best interests of any participating physician.

2. When a member moves to another area of the county and needs a PCP in closer proximity to his new home, the member must initiate a re-selection through a Member Services Representative. If you know a member has moved, please contact CenCal Health Member Services and be prepared to give the member's new address or phone number.
3. A change to Special Class is needed (applies to members of certain programs):
 - o For those members that move to a skilled nursing facility by the first day of the month and are expected to remain there for more than 30 days, for members that have moved out of county, and for members with certain other circumstances, inform the Member Services Department at (877) 814-1861.

If you would like assistance to determine if a particular situation meets the criteria for reassignment requests, or if you have questions about the process, please call Provider Services at (805) 562-1677.

2. Submitting a Reassignment Request via the CenCal Health Website

1. The PCP who wishes to request reassignment of a member under his case management should do so via the CenCal Health website, www.cencalhealth.org. Go to "For Providers", then "Providers Only (restricted)". You must have a valid username and password to access this feature; please follow the instructions for contacting the webmaster to obtain these if you have not done so already.
2. THIS PROCESS APPLIES TO SBHI & SLOHI MEMBERS ONLY. REASSIGNMENT REQUESTS FOR MEMBERS OF OTHER PROGRAMS MUST BE SUBMITTED VIA FAX AND WILL BE APPROVED ON A CASE-BY-CASE BASIS! Call (805) 562-1677 if you need a Reassignment Request Form sent to you.
3. Select "PCP Reassignment Requests" from the list of forms. Enter your provider ID# (your NPI) and the member's Client ID# (CIN). If the member is not currently eligible or is not assigned to you, you will receive an error message informing you of this.
4. If the member is eligible and assigned to you, you will be taken to a different screen where you will choose the reason for your request from a drop-down list. All contractual and non-contractual reasons for requesting reassignment that meet CenCal Health criteria are on this list.
5. You must enter supporting information in the "Provider Remarks" section, i.e. dates of member no shows, examples of how the member is non-compliant or abusive, etc. If left blank, the program will prompt you to enter your remarks.
6. When complete, click the "Submit" button on the form. Use the "Back" button to return to the previous screen to enter another request.
7. Requests will be approved if the documentation supports the request. If the documentation submitted was unclear or insufficient, the Provider Services QI Manager will pend the request until additional information is submitted. Requests submitted after the 10th of one month through the 10th of the next month are processed by the cut-off date (10th day of each month). PCPs may return to the website after the request has been processed to verify approval and the effective date by using the "Query" button on the PCP Reassignment Request form.
8. The member's new assignment becomes effective the first day of the following month. The PCP who requested the reassignment continues to be responsible for the member's care until the new assignment is in effect.
9. If you do not have internet access, please call Provider Services at (805) 562-1677 for further instructions.

CenCal Health Case Management Reassignment

Provider#

Member#

CenCal Health Case Management Reassignment Form

Provider# Plan Provider Name

Member# DOB Member Name

Requesting Date Effective Date Status

Reason for Discontinuing Case Management

Provider Remarks: